

From: Castro, Cassandra </O=CVSCAREMARK/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CCASTRO>
To: Schiavo, Craig
Sent: 10/30/2013 5:43:09 PM
Subject: FW: Updates to the CSDP for the SOP

Travassos Exhibit

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4/13/21 Carrie Campbell, RDR

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From: Dubois, Amanda
Sent: Wednesday, October 30, 2013 4:23 PM
To: Castro, Cassandra
Cc: Travassos, Michelle L.; Harrington, Nicole J.
Subject: Updates to the CSDP for the SOP

Hi Cassandra,

Please find our process for stores entering the CSDP below. We only ask that anything from our process that goes into a SOP would need further approval from our side. Please let me know if you have any questions.

Thanks!
Amanda

- An algorithm is run for all stores on a quarterly basis (March, June, September, December) based upon stores dispensing, with specific focus on known drugs of concern-Hydrocodone, Oxycodone and Opioids.
- Based on criteria including volume, share and growth along with other known red flags, stores are compared against other stores in their geography.
- Stores significantly outside the median, flag as stores with potential high risk dispensing behavior and enter the CSDP.
- Store dashboards illustrating dispensing for Hydrocodone & Oxycodone over the past 2 years is distributed to RxSups, DMs, RMs, RLPs and Corporate LP Partner. Along with the dashboard is the information outlining the program and what the field responsibility is.
- Professional Practices conducts webinars for field management, including the RLPs, to attend detailing corresponding responsibility, the Controlled Substance Dispensing Program and the steps needed for each identified store.
- The RLP and RxSup partner together to conduct a CS LP audit and perform education on controlled substance dispensing in the store.
- An Archer case is open for each identified store and the link is emailed out to the RxSups to allow them to document their findings for each listed red flag. Supervisors have one month to complete.
- Supervisors must also have each RPh sign the Statement of Commitment and Acknowledgement and fax it to the Professional Practices group. All documents are uploaded to the completed forms into the "action phase" of the case in archer.
- Professional Practices is available to the field to answer all questions that arise as they are conducting the LP audit and submitting their findings into archer.
- Once all red flags have documentation, each RPh sign off is collected and their LP audit uploaded, the case is ready to be reviewed by the ARB subcommittee.
- ARB subcommittee reviews all cases and either finds the information presented by the Supervisors sufficient and the case can be recommended for closure, or additional review is recommended and the case is escalated.
- Pharmacy Ops gathers more information on the escalated cases and another ARB meeting is set up.
- All cases that were identified as okay to close, are closed and validated by Professional Practices.
- After the ARB is in agreement with the additional information presented regarding the escalated cases, they are ready to be closed or have further follow-up delivered.
- For stores that flag in a subsequent algorithm once a case is closed, an updated trending graph is provided for the Pharmacy Supervisor to follow up with the store during regularly scheduled SOS visits. If a store continues to flag in the algorithm following receipt of an update, the store is reviewed closely to allow Professional Practices to provide differentiated information and follow up action for the Pharmacy Supervisor.

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